

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/30/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445396	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2011
NAME OF PROVIDER OR SUPPLIER ROAN HIGHLANDS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 146 BUCK CREEK ROAD ROAN MOUNTAIN, TN 37687	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure staff members are familiar with proper fire drill procedures.</p> <p>The findings include:</p> <p>Observation during a fire drill conducted on June 29, 2011 at 10:30 a.m. revealed the person discovering the fire was not familiar with the proper fire drill procedures.</p>	K 050	<p>Roan Highlands Nursing Center believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p> <p><u>Corrective Actions</u></p> <p>On 7/5/11, the Maintenance Director will re-educate the person involved in the fire drill on the Fire Drill Procedures. The person involved will demonstrate knowledge during a fire drill.</p> <p><u>Identification of Residents with Potential to be Affected</u></p> <p>All residents have the potential to be affected.</p> <p><u>Systematic Changes</u></p> <p>The Maintenance Director, or his designee, will re-educate staff on the Fire Drill Policy on 7/31/11. New hires will continue to be trained on Fire Safety during orientation and at least annually thereafter.</p> <p>The Maintenance Director, or his designee, will review the Fire Drill records monthly and report findings to the Safety Committee meetings. The Safety Committee consists of the Administrator, Director of Nursing, Office Representative, Social Worker, Dietary Representative, Rehab Representative,</p> <p>(Continued to page 1a of 1)</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Gregory B. Powers

TITLE

Adm.

(X6) DATE

7/14/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

JUL 15 2011

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NAME OF PROVIDER OR SUPPLIER ROAN HIGHLANDS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 140 BUCK CREEK ROAD ROAN MOUNTAIN, TN 37687		
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K 050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure staff members are familiar with proper fire drill procedures.</p> <p>The findings include:</p> <p>Observation during a fire drill conducted on June 29, 2011 at 10:30 a.m. revealed the person discovering the fire was not familiar with the proper fire drill procedures.</p>	K 050	<p>Activities Director, Housekeeping/ Laundry Representative, Maintenance Director and Medical Records Clerk.</p> <p><u>Monitoring</u></p> <p>The Maintenance Director, or his designee, will review Safety Committee meeting minutes with the Performance Improvement Committee. The Performance Improvement Committee consists of the Administrator, Director of Nursing, Medical Director, Pharmacy Consultant, Certified Dietary Manager, Housekeeping/Laundry Director, Activities Director, HR Clerk, Admissions Coordinator, Rehab Director, Social Worker and Medical Records Clerk.</p>	7/31/11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Ray B. Powers

TITLE

Adm.

(X6) DATE

7/14/11

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